

DOCUMENT RESUME

ED 409 443

CE 074 371

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TITLE A New Focus for Allied Health Occupations. Trends and Issues Alerts.
INSTITUTION ERIC Clearinghouse on Adult, Career, and Vocational Education, Columbus, OH.
SPONS AGENCY Office of Educational Research and Improvement (ED), Washington, DC.
PUB DATE 97
NOTE 4p.
CONTRACT RR93002001
PUB TYPE ERIC Publications (071) -- Reference Materials - Bibliographies (131)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Allied Health Occupations Education; Clinical Experience; Curriculum Development; *Educational Change; Educational Development; Educational Trends; *Interdisciplinary Approach; *Medical Services; Nurses; *Nursing Education; Postsecondary Education; Program Development; Social Change

ABSTRACT

Health care reform is changing the way in which health care is provided and altering the role of allied health professionals, especially nurses. This report examines how education can be responsive to the emerging needs of nurses and other allied health professionals. The diverse settings in which diverse populations are served requires the collaboration of teams of health care providers. Few schools for health professionals provide opportunities for interdisciplinary experiences, even though the holistic care of patients requires such perspective. Health education programs and curricula must incorporate collaborative, interdisciplinary classroom and clinical experiences for nursing and other allied health students. To accommodate the shift in health care focus from disease and illness to health and wellness, clinical experiences must reflect the movement into the community. Teaching philosophies, teacher-student relationship, classroom structure, and evolution of curriculum are at the heart of pedagogical change. Learning has moved beyond mastery of content/skill to lifelong learning concepts that require continuous engagement in critical thinking, questioning, and problem solving in context. Educational experiences must involve active learning with regard to health care access, quality, and cost containment. Clinical and community experiences working with practicing health care professionals and engaging in self-directed learning enhance students' acquisition and application of knowledge and promote lifelong learning. (Contains an annotated listing of 15 resources.) (YLB)

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**A New Focus for Allied Health Occupations
Trends and Issues Alerts**

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A New Focus for Allied Health Occupations

Health care reform is changing the way in which health care is provided and altering the role of allied health professionals, especially nurses. Managed care, shrinking health care resources, and public health are some of the issues that are refocusing nursing practice. This *Trends and Issues Alert* examines how education can be more responsive to the emerging needs of nurses and other allied health professionals and can empower them to assume their new and expanding roles.

The movement away from acute care and illness to health promotion and disease prevention is triggering changes in medical care delivery, moving health care away from the institutional/hospital settings and into the home/community. Walk-in clinics, home health care services, hospice agencies, and other outpatient services/facilities are assuming a greater share of patient care (Hillestad and Hawken 1996). These diverse settings in which diverse populations are served require the collaboration of teams of health care providers, rather than the individual perspective of a sole practitioner. Hillestad and Hawken predict the emergence of two types of health care teams: The first team will consist of a professional nurse, a variety of multiskilled health care assistants, and clerical staff, who will work together on a regular basis to address all aspects of the singular patient's care. The second team will be responsible for the health care of the community at large.

Few schools for health professionals provide opportunities for interdisciplinary experiences, even though the holistic care of patients requires such perspective. When experiences are provided, they typically focus on a single disease or patient group, such as diabetes. With the complexity of the health care demands of the public, an interdisciplinary approach to health care is essential (American Association of Colleges of Nursing 1996).

Effective interdisciplinary education involves members of various disciplines in collaborative efforts that foster interprofessional interactions and enhance the practice of each discipline. Such efforts engage health care professionals in joint planning, decision making, and goal setting and require skills of critical thinking and reasoning, problem solving, communication, information retrieval/management, and collaborative teamwork (Skiba 1997). To meet these challenges, it is important that health education programs and curricula incorporate collaborative, interdisciplinary classroom and clinical experiences for nursing and other allied health students.

To accommodate the shift in health care focus from disease and illness to health and wellness, clinical experiences must reflect the movement to the community. Ryan et al. (1997) report that "community-based experiences for students foster learning about people and their health within the context of home and community and offer the best promise for students to learn the complex human dynamics of real life and develop a holistic perspective required for independent nursing practice" (p. 139).

One example of a student community-based experience is provided by St. Joseph's Church/George Mason University College of Nursing and Health Science: Partnership for HEALTH. To initiate their community health experiences, students first engaged in a needs assessment of the primarily

Hispanic and Vietnamese school population of St. Joseph's. To identify the population's health care needs, the students conducted preschool health screening. With the results of their assessment, the students planned the appropriate health care delivery. They held parent health education classes on topics such as preschool nutrition and dental care, care workers'/children's classes on safety, and growth and development.

Such experiences are effective ways to foster links between students and the community and prepare nurses and other allied health professionals for work in the emerging consumer-driven health care market. "Bringing health care to where clients live, work, and worship has expanded students' vision of the real world experiences in which nurses must be able to intervene" (Noble et al. 1996, p.71).

Teaching philosophies, teacher/student relationship, classroom structure, and evolution of curriculum are at the heart of pedagogical change. The shift from a teaching to a learning paradigm is triggered by the growing number of students, their increasing diversity, the availability of information telecommunications, and the global nature of work. The traditional student (18-22 years old and full time) is no longer dominating the educational scene, representing less than 25 percent of the student population. Many of the nontraditional students are older and reflect an employee and consumer learning market (Skiba 1997).

In the health professions, learning has moved beyond mastery of content/skill to lifelong-learning concepts that require continuous engagement in critical thinking, questioning, and problem solving in context (Kupperschmidt and Burns 1997). With the focus of health care moving from the individual/family to the populations/aggregates, "perpetual learning with unbundled learning experiences based on learner needs will be a predominant force" (Skiba 1997, p. 129).

Within the realm of health care reform, educational experiences must involve active learning with regard to health care access, quality, and cost containment. Clinical and community experiences working with practicing health care professionals and engaging in self-directed learning enhance students' acquisition and application of knowledge and promote lifelong learning.

The following resources contain relevant information about health care reform and its implications for allied health occupations education.

Print Resources

American Association of Colleges of Nursing. "Position Statement Interdisciplinary Education and Practice." *Journal of Professional Nursing* 12, no. 2 (March-April 1996): 119-121.

Defines interdisciplinary education and describes its role in preparing nurses for work in a health care environment in which collaboration is essential and quality of care is based on recognition and appreciation of the contributions each discipline brings to the health care delivery experience.

Goodloe, N., and Cloud, R. "Health Education and Allied Health: Collaboration in the Twenty-First Century." *American Journal of Health Behavior, Education, & Promotion* 19, no. 4 (July-August 1995): 3-9.

Describes a collaborative partnership model that links academia with health practitioners for the purpose of improving the educational preparation of health educators. The Baylor University health education model for higher education is highlighted.

Hall, J., and Stevens, P. "The Future of Graduate Education in Nursing: Scholarship, The Health of Communities, and Health Care Reform." *Journal of Professional Nursing* 11, no. 6 (November-December 1995): 332-338.

Examines graduate nursing education and ways it can be made more responsive to health care needs: reflection on the roles of nurse practitioners and others, advocacy for vulnerable groups, expertise in community-based practice and research, understanding of the broader environmental context of health, and commitment to making a difference in public health.

Hillestad, E., and Hawken, P., eds. "Editorial: Nursing in the Year 2000." *Journal of Professional Nursing* 12, no. 3 (May-June 1996): 127-128.

Predicts the direction of nursing in the year 2000, noting a movement toward more integration and systemization of the health care system, an increase in home health care services, the emergence of the health care specialist, and a demand for accountability for objectively measured patient outcomes.

Kupperschmidt, B., and Burns, P. "Curriculum Revision Isn't Just Change: It's Transition!" *Journal of Professional Nursing* 13, no. 2 (March-April 1997): 90-99.

Considers the status of curriculum revision in nursing programs across the country triggered by the dynamic changes occurring in the health care industry. Suggests that a focus on curriculum revision rather than change may assist faculty more readily in engaging in the thinking necessary to develop new curriculum for the 21st century.

McEwen, M. "Promoting Interdisciplinary Collaboration." *Nursing & Health Care* 15, no. 6 (June 1994): 304-307.

Presents collaboration as intrinsic to the improvement of health education across the professions. Suggests that changes in health care provision should begin during the education of health care providers and that cross-discipline courses should be encouraged to enable providers to better understand the variety of roles and practices that contribute to collaboration and the delivery of care.

Meservey, P. "Fostering Collaboration in a Boundaryless Organization." *Nursing & Health Care* 16, no. 4 (June 1995): 234-236.

Discusses how the demand for more efficient delivery of health care services has created a boundaryless organization that links hospitals, primary care, home care, and rehabilitative organizations. Recommends that today's health care leaders become skilled in negotiation and political awareness while addressing the human resource needs of those providing service.

Noble, M. et al. "Education for the Nurse of Tomorrow: A Community-Focused Curriculum." *Nursing & Health Care* 17, no. 2 (March-April 1996): 66-71.

Describes a baccalaureate nursing program's efforts to implement a community-focused curriculum that will prepare nurses for a changed health-care system. Describes a student program that includes mental health experience, health screening for preschoolers, and other clinical experiences.

Osterle, M., and O'Callaghan, D. "The Changing Health Care Environment: Impact on Curriculum and Faculty." *Nursing & Health Care* 17, no. 2 (March-April 1996): 78-81.

Looks at the problems associated with the rapidly changing health-care system and the anxiety caused by it. Suggests a shift in nursing education is necessary to provide competent primary health-care practitioners.

Pruitt, R., and Campbell, B. "Educating for Health Care Reform and the Community." *Nursing and Health Care* 15, no. 6 (June 1994): 308-311.

Proposes that nursing education should focus on less expensive prevention instead of costly care after the disease has become full blown, and should encourage the involvement of customers in decision making.

Ryan, S. et al. "A Faculty on the Move into the Community." *Nursing & Health Care* 18, no. 3 (May-June 1997): 139-141.

Describes how faculty at the University of Rochester School of Nursing use the concept of "Learning Communities" to prepare students for the evolving demands of the health care job market and the changing nature of the nursing profession.

Sims, G., and Baldwin, D. "Race, Class, and Gender Considerations in Nursing Education." *Nursing & Health Care* 16, no. 6 (November-December 1995): 316-321.

Explains the curriculum revolution in nursing education as a direct result of outdated modes of teaching and learning that fail to prepare students for nursing in a diverse society. Notes that little dialog is occurring on the topic of the inclusion of multiculturalism into the curriculum.

Skiba, D. "Transforming Nursing Education to Celebrate Learning." *Nursing & Health Care* 18, no. 3 (May-June 1997): 124-129.

Explains that, as the teaching infrastructure becomes redefined, schools of nursing will need to shift from a teaching to a learning paradigm. Describes the challenges this presents to nursing education and the themes that direct the movement toward educational change.

Watson, M. "President's Message: From Discipline Specific to Inter to Multi to Transdisciplinary Health Care Education and Practice." *Nursing & Health Care* 17, no. 2 (March-April 1996): 90-91.

Examines the recent shift from curriculum and teaching to creating environments for learning that are postinstitutional, interdisciplinary, and community in nature and notes the return to a relationship-centered caring and healing that transcends any one health profession.

Zungalo, E. "Interdisciplinary Education in Primary Care: The Challenge." *Nursing & Health Care* 15, no. 6 (June 1994): pp. 288-289.

Presents a number of barriers to an equitable collaboration between the medical and nursing professions. Identifies the primary barrier to collaboration as medicine's traditional dominance over nursing, which reflects the differences in professional socialization, age and academic scholarship, educational curriculum, and relationship with higher education.

Developed with funding from the Office of Educational Research and Improvement, U.S. Department of Education, under Contract No. RR930020V-1. Opinions expressed do not necessarily reflect the position or policies of OERI or the Department. *Trends and Issues Alerts* may be freely reproduced.



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